

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

In re: W.R. GRACE & CO., et al.,  
Debtors.

)  
) Chapter 11  
) Case No. 01-01139 (JKF)  
) (Jointly Administered)  
)  
)  
)  
)  
)  
)

**DECLARATION OF CLAIMANT'S COUNSEL STEVEN J. MANDELSBERG IN  
OPPOSITION TO DEBTORS' MOTION FOR AN ORDER PURSUANT TO  
F.R.B.P. 7056 DISALLOWING AND EXPUNGING CLAIMANT STATE OF  
CALIFORNIA, DEPARTMENT OF GENERAL SERVICES', SIXTEEN (16)  
CLAIMS AMONG ONE HUNDRED NINE (109) CALIFORNIA ASBESTOS  
PROPERTY DAMAGE CLAIMS ALLEGEDLY BARRED BY THE  
STATUTE OF LIMITATIONS**

STEVEN J. MANDELSBERG, an attorney duly admitted to practice before the Courts of the State of New York (and having been admitted to practice before this Court on prior occasions in other matters), declares, pursuant to 28 U.S.C. § 1746, under the laws of the United States, that the following is true and correct:

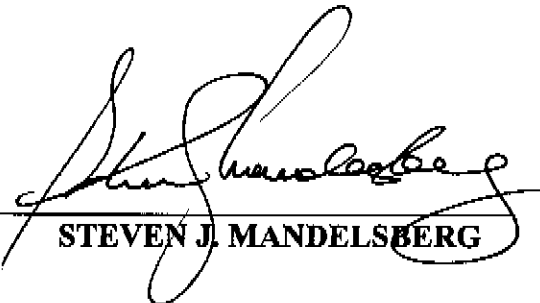
1. I am a member of the law firm of Hahn & Hessen LLP, counsel for Claimant State of California, Department of General Services. I respectfully submit this affidavit to place before the Court true and correct copies of the following documents referred and attached to the accompanying Opposition by Claimant, dated March 19, 2007, to Debtors' summary judgment on statute of limitations grounds:

Exhibit A	Excerpts from the sixteen proofs of claim forms completed by Claimant and submitted to the Court in March 2003.
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2. For the reasons stated in such Opposition, Claimant requests that the Court deny the motion by Debtors for summary judgment in its entirety.

FILED  
2007 MAR 20 AM 10:05  
U.S. DISTRICT COURT  
DISTRICT OF DELAWARE

Dated: New York, New York  
March 19, 2007



STEVEN J. MANDELSBERG

Exhibit A



**WR Grace**  
Property Damage  
Index Sheet

SR00000644

Claim Number: 00010648

Receive Date: 03/31/2003

**Multiple Claim Reference**

Claim Number \_\_\_\_\_

☐ MMPOC Medical Monitoring Claim Form

☐ PDPOC Property Damage

☐ NAPO Non-Asbestos Claim Form

☐ Amended

Claim Number \_\_\_\_\_

☐ MMPOC Medical Monitoring Claim Form

☐ PDPOC Property Damage

☐ NAPO Non-Asbestos Claim Form

☐ Amended

**Attorney Information**

Firm Number: 00363

Firm Name: State of California Dept of Justice

Attorney Number: 00242

Attorney Name: Robert E Asperger

Zip Code: 95814

Cover Letter Location Number: SR00000644

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form	
	<input type="checkbox"/> Amended	
	<input type="checkbox"/> Post-Deadline Postmark Date	

Box/Batch: WRPD0010/WRPD0040

Document Number: WRPD001968

STATE OF CALIFORNIA DEPT OF GENERAL SERVICES

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$$\begin{bmatrix} 1 & 0 \\ 0 & 1 \end{bmatrix} \rightarrow \begin{bmatrix} 1 & 0 & 0 & 0 & 0 & 0 \\ 0 & 1 & 0 & 0 & 0 & 0 \\ 0 & 0 & 1 & 0 & 0 & 0 \\ 0 & 0 & 0 & 1 & 0 & 0 \\ 0 & 0 & 0 & 0 & 1 & 0 \\ 0 & 0 & 0 & 0 & 0 & 1 \end{bmatrix}$$

[illegible]

**MI**

[illegible][illegible]

MI

[illegible]

707 THIRD STREET, 6TH FLOOR

[illegible]

CA

1	5	6	0	5
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[illegible]

(Province) (Postal Code)

[illegible][illegible] $\overline{MI}$ [illegible][illegible]

CA

9	5	8	1	4
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(Province) (Postal Code)

1. *Journal of the American Medical Association*, 1997; 277: 1001-1005.

(916) 327-7852

WR Grace PD.10.40.1968

00010648

SR=644

9276101

REC'D MAR 3 1 2003

1011585.

1. Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?

☐ Yes – lawsuit

☐ Yes – non-lawsuit claim (other than a workers' compensation claim)

2. Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?

☐ Yes – lawsuit☐ Yes – non-lawsuit claim (other than a workers' compensation claim)

*If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.*

*If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.*

1. Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.

\_\_\_\_\_

[illegible][illegible]

County/State

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*Month*      *Day*      *Year*

\_\_\_\_\_

[illegible][illegible]

County/State

[illegible]

Month Day Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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County/State

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Month Day Year

(Attach additional pages if necessary.)



**WR Grace**  
Property Damage  
Index Sheet

SR00000644

Claim Number: 00010649

Receive Date: 03/31/2003

**Multiple Claim Reference**

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form  
☐ PDPOC Property Damage  
☐ NAPO Non-Asbestos Claim Form  
☐ Amended

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form  
☐ PDPOC Property Damage  
☐ NAPO Non-Asbestos Claim Form  
☐ Amended

**Attorney Information**

Firm Number: 00363

Firm Name: State of California Dept of Justice

Attorney Number: 00242

Attorney Name: Robert E Asperger

Zip Code: 95814

Cover Letter Location Number: SR00000644

**Attachments**  
**Medical Monitoring**

- ☐ TBD  
☐ TBD  
☐ TBD  
☐ TBD  
☐ TBD

**Attachments**  
**Property Damage**

- ☐ TBD  
☐ TBD  
☐ TBD  
☐ TBD  
☐ TBD  
☒ Other Attachments

**Non-Asbestos**

- ☐ Other Attachments

**Other**

- ☐ Non-Standard Form  
☐ Amended  
☐ Post-Deadline Postmark Date

Box/Batch: WRPD0010/WRPD0040

Document Number: WRPD001969

STATE	OF	CALIFORNIA	DEPT	OF	GENERAL	SERVICES
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MA

[illegible]

**MM**

[illegible][illegible]

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[illegible]

(Province)

(Postal Code)

[illegible]

ROBERT	E								
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MI

[illegible][illegible][illegible]

C	A
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9	5	8	1	4
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(Province)

(Postal Code)

(916) 327-7852

PD 10-40 1969

00010649

SR=644

REC'D MAR 3 1 2003

1011589.



**PART 4: ASBESTOS LITIGATION AND CLAIMS****A. INTRODUCTION**

1. Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?

☒ No

☐ Yes -- lawsuit

☐ Yes -- non-lawsuit claim (other than a workers' compensation claim)

2. Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?

☒ No

☐ Yes -- lawsuit

☐ Yes -- non-lawsuit claim (other than a workers' compensation claim)

*If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.*

*If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.*

**B. LAWSUITS**

1. Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.

a. Caption

b. Court where suit originally filed:

County/State

Docket No.:

c. Date filed:

 -  - 

Month Day Year

a. Caption

b. Court where suit originally filed:

County/State

Docket No.:

c. Date filed:

 -  - 

Month Day Year

a. Caption

b. Court where suit originally filed:

County/State

Docket No.:

c. Date filed:

 -  - 

Month Day Year

(Attach additional pages if necessary.)

9276109

1011589



**WR Grace**  
Property Damage  
Index Sheet

SR00000644

Claim Number: 00010650

Receive Date: 03/31/2003

**Multiple Claim Reference**

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form  
☐ PDPOC Property Damage  
☐ NAPO Non-Asbestos Claim Form  
☐ Amended

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form  
☐ PDPOC Property Damage  
☐ NAPO Non-Asbestos Claim Form  
☐ Amended

**Attorney Information**

Firm Number: 00363

Firm Name: State of California Dept of Justice

Attorney Number: 00242

Attorney Name: Robert E Asperger

Zip Code: 95814

Cover Letter Location Number: SR00000644

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form <input type="checkbox"/> Amended <input type="checkbox"/> Post-Deadline Postmark Date	

1011578.



**WR Grace**

SR00000644

Property Damage

Index Sheet

Claim Number: 00010651

Receive Date: 03/31/2003

**Multiple Claim Reference**

Claim Number \_\_\_\_\_

☐

MMPOC

Medical Monitoring Claim Form

☐

PDPOC

Property Damage

☐

NAPO

Non-Asbestos Claim Form

☐

Amended

Claim Number \_\_\_\_\_

☐

MMPOC

Medical Monitoring Claim Form

☐

PDPOC

Property Damage

☐

NAPO

Non-Asbestos Claim Form

☐

Amended

**Attorney Information**

Firm Number: 00363

Firm Name: State of California Dept of Justice

Attorney Number: 00242

Attorney Name: Robert E Asperger

Zip Code: 95814

Cover Letter Location Number: SR00000644

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form	
	<input type="checkbox"/> Amended	
	<input type="checkbox"/> Post-Deadline Postmark Date	

Box/Batch: WRPD0010/WRPD0040

Document Number: WRPD001971

**PART 1: CLAIMING PARTY INFORMATION**

NAME:

STATE OF CALIFORNIA DEPT OF GENERAL SERVICES

Name of individual claimant (first, middle and last name) or business claimant

SOCIAL SECURITY NUMBER (Individual Claimants):

[ ] [ ] [ ] [ ]

(last four digits of SSN)

F.E.I.N. (Business Claimants)

[ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

Other names by which claiming party has been known (such as maiden name or married name):

[ ] [ ]

First

[ ]

MI

[ ] [ ]

Last

[ ] [ ]

First

[ ]

MI

[ ] [ ]

Last

GENDER: ☐ MALE ☐ FEMALE

Mailing Address:

707 THIRD STREET, 6TH FLOOR

Street Address

WEST SACRAMENTO

City

CA

State

95605

Zip Code

(Province) (Postal Code)

USA

Country

**PART 2: ATTORNEY INFORMATION**

The claiming party's attorney, if any (You do not need an attorney to file this form):

Law Firm Name:

STATE OF CALIFORNIA DEPT OF JUSTICE

Name of Attorney:

ROBERT E ASPERGER

First

[ ]

MI

Last

Mailing Address:

1300 I STREET, SUITE 1101

Street Address

SACRAMENTO

City

CA

State

95814

Zip Code

(Province) (Postal Code)

Telephone:

(916) 327-7852

Area Code

WR Grace PD.10.40.1971  
00010651  
SR=644

9276101

REC'D MAR 3 1 2003

1011574

1. Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?

2. Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?

- If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.*

*If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.*

1. Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.

- a. Caption
- b. Court where suit originally filed:  Docket No.:   
*County/State*
- c. Date filed:  -  -   
*Month Day Year*

1011574,

**WR Grace**

SR00000644

Property Damage

Index Sheet

Claim Number: 00010652

Receive Date: 03/31/2003

**Multiple Claim Reference**

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form
- ☐ PDPOC Property Damage
- ☐ NAPO Non-Asbestos Claim Form
- ☐ Amended

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form
- ☐ PDPOC Property Damage
- ☐ NAPO Non-Asbestos Claim Form
- ☐ Amended

**Attorney Information**

Firm Number: 00363

Firm Name: State of California Dept of Justice

Attorney Number: 00242

Attorney Name: Robert E Asperger

Zip Code: 95814

Cover Letter Location Number: SR00000644

**Attachments  
Medical Monitoring**

- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD

**Attachments  
Property Damage**

- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☒ Other Attachments

**Non-Asbestos**

- ☐ Other Attachments

**Other**

- ☐ Non-Standard Form
- ☐ Amended
- ☐ Post-Deadline Postmark Date



**PART 1: CLAIMING PARTY INFORMATION****NAME:**

STATE OF CALIFORNIA DEPT OF GENERAL SERVICES

Name of individual claimant (first, middle and last name) or business claimant

**SOCIAL SECURITY NUMBER (Individual Claimants):****F.E.I.N. (Business Claimants)**

[ ] [ ] [ ] [ ]

[ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

(last four digits of SSN)

**Other names by which claiming party has been known (such as maiden name or married name):**

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

First

[ ]

MI

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Last

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First

[ ]

MI

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Last

**GENDER:** ☐ MALE ☐ FEMALE**Mailing Address:**

707 THIRD STREET 6TH FLOOR

Street Address

WEST SACRAMENTO

City

CA

State

95605

Zip Code

(Province) (Postal Code)

USA

Country

**PART 2: ATTORNEY INFORMATION****The claiming party's attorney, if any (You do not need an attorney to file this form):****Law Firm Name:**

STATE OF CALIFORNIA DEPT OF JUSTICE

**Name of Attorney:**

ROBERT

First

E

MI

ASPERGER

Last

**Mailing Address:**

1300 J STREET SUITE 1101

Street Address

SACRAMENTO

City

CA

State

95814

Zip Code

(Province) (Postal Code)

**Telephone:**

(916) 327-7852

Area Code

WR Grace

PD.10.40.1972

00010652

SR=644

9276101

REC'D MAR 31 2003

1011576

**PART 4: ASBESTOS LITIGATION AND CLAIMS****A. INTRODUCTION**

1. Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?

☒ No  
☐ Yes - lawsuit  
☐ Yes - non-lawsuit claim (other than a workers' compensation claim)

2. Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?

☒ No  
☐ Yes - lawsuit  
☐ Yes - non-lawsuit claim (other than a workers' compensation claim)

*If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B, below.*

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**B. LAWSUITS**

1. Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.

a. Caption \_\_\_\_\_

b. Court where suit originally filed: \_\_\_\_\_

County/State

Docket No.: \_\_\_\_\_

c. Date filed: \_\_\_\_\_

Month Day Year

a. Caption \_\_\_\_\_

b. Court where suit originally filed: \_\_\_\_\_

County/State

Docket No.: \_\_\_\_\_

c. Date filed: \_\_\_\_\_

Month Day Year

a. Caption \_\_\_\_\_

b. Court where suit originally filed: \_\_\_\_\_

County/State

Docket No.: \_\_\_\_\_

c. Date filed: \_\_\_\_\_

Month Day Year

(Attach additional pages if necessary.)

9276109

1011576

**WR Grace**

SR00000644

**Property Damage****Index Sheet**

Claim Number: 00010653

Receive Date: 03/31/2003

**Multiple Claim Reference**

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form
- ☐ PDPOC Property Damage
- ☐ NAPO Non-Asbestos Claim Form
- ☐ Amended

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form
- ☐ PDPOC Property Damage
- ☐ NAPO Non-Asbestos Claim Form
- ☐ Amended

**Attorney Information**

Firm Number: 00363

Firm Name: State of California Dept of Justice

Attorney Number: 00242

Attorney Name: Robert E Asperger

Zip Code: 95814

Cover Letter Location Number: SR00000644

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form	
	<input type="checkbox"/> Amended	
	<input type="checkbox"/> Post-Deadline Postmark Date	

STATE OF CALIFORNIA DEPT OF GENERAL SERVICES

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[illegible][illegible][illegible]

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(Province)

## PART 2: ATTORNEY INFORMATION

S	T	A	T	E	O	F	C	A	L	I	F	R	N	I	A	D	E	P	T.	O	F	J	U	S	T	I	C	E
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(Province)

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REC'D MAR 3 1 2003

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**WR Grace**  
Property Damage  
Index Sheet

SR00000644

Claim Number: 00010654

Receive Date: 03/31/2003

**Multiple Claim Reference**

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form  
☐ PDPOC Property Damage  
☐ NAPO Non-Asbestos Claim Form  
☐ Amended

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form  
☐ PDPOC Property Damage  
☐ NAPO Non-Asbestos Claim Form  
☐ Amended

**Attorney Information**

Firm Number: 00363

Firm Name: State of California Dept of Justice

Attorney Number: 00242

Attorney Name: Robert E Asperger

Zip Code: 95814

Cover Letter Location Number: SR00000644

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
<b>Other</b>	<input type="checkbox"/> Non-Standard Form	
	<input type="checkbox"/> Amended	
	<input type="checkbox"/> Post-Deadline Postmark Date	

STATE OF CALIFORNIA DEPT OF GENERAL SERVICES

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(Province) (Postal Code)

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*Last*

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(916) 327-7852

(Province) (Postal Code)

(Postal Code)

1011582,

## A. INTRODUCTION

- ☒ No
- ☐ Yes -- lawsuit
- ☐ Yes -- non-lawsuit claim (other than a workers' compensation claim)

- ☒ No  
☐ Yes – lawsuit  
☐ Yes – non-lawsuit claim (other than a workers' compensation claim)

*If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.*

### B. LAWSUITS

- |            |  |
|------------|--|
| a. Caption |  |
|------------|--|

- c. Date filed: 

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Month Day Year

- a. Caption

- County/State

- Month Day Year

- |            |  |
|------------|--|
| a. Caption |  |
|------------|--|

- County/State

- Month Day Year

(Attach additional pages if necessary.)



**WR Grace**

SR00000644

Property Damage

Index Sheet

Claim Number: 00010655

Receive Date: 03/31/2003

**Multiple Claim Reference**

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form
- ☐ PDPOC Property Damage
- ☐ NAPO Non-Asbestos Claim Form
- ☐ Amended

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form
- ☐ PDPOC Property Damage
- ☐ NAPO Non-Asbestos Claim Form
- ☐ Amended

**Attorney Information**

Firm Number: 00363

Firm Name: State of California Dept of Justice

Attorney Number: 00242

Attorney Name: Robert E Asperger

Zip Code: 95814

Cover Letter Location Number: SR00000644

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form <input type="checkbox"/> Amended <input type="checkbox"/> Post-Deadline Postmark Date	

Box/Batch: WRPD0010/WRPD0040

Document Number: WRPD001975

**PART 1: CLAIMING PARTY INFORMATION**

STATE OF CALIFORNIA DEPT OF GENERAL SERVICES

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[illegible]

(Province) (Postal Code)

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CA

9	5	8	1	4
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(Province) (Postal Code)

$$(916) \quad 327 \dots 7852$$

REC'D MAR 3 1 2003

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**PART 4: ASBESTOS LITIGATION AND CLAIMS****A. INTRODUCTION**

1. Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?

☒ No  
☐ Yes – lawsuit  
☐ Yes – non-lawsuit claim (other than a workers' compensation claim)

2. Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?

☒ No  
☐ Yes – lawsuit  
☐ Yes – non-lawsuit claim (other than a workers' compensation claim)

*If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.*

*If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.*

**B. LAWSUITS**

1. Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.

a. Caption

b. Court where suit originally filed:

County/State

Docket No.:

c. Date filed:

 -  - 

Month Day Year

a. Caption

b. Court where suit originally filed:

County/State

Docket No.:

c. Date filed:

 -  - 

Month Day Year

a. Caption

b. Court where suit originally filed:

County/State

Docket No.:

c. Date filed:

 -  - 

Month Day Year

(Attach additional pages if necessary.)

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1011572



**WR Grace**  
Property Damage  
Index Sheet

SR00000644

Claim Number: 00010656

Receive Date: 03/31/2003

**Multiple Claim Reference**

Claim Number _____	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended
Claim Number _____	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended

**Attorney Information**

Firm Number: 00363 Firm Name: State of California Dept of Justice

Attorney Number: 00242 Attorney Name: Robert E Asperger

Zip Code: 95814

Cover Letter Location Number: SR00000644

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
<b>Other</b>	<input type="checkbox"/> Non-Standard Form	
	<input type="checkbox"/> Amended	
	<input type="checkbox"/> Post-Deadline Postmark Date	

Box/Batch: WRPD0010/WRPD0040

Document Number: WRPD001976

**PART 1: CLAIMING PARTY INFORMATION**

NAME:

STATE OF CALIFORNIA DEPT OF GENERAL SERVICES

Name of individual claimant (first, middle and last name) or business claimant

SOCIAL SECURITY NUMBER (Individual Claimants):

[ ] [ ] [ ] [ ]

(last four digits of SSN)

F.E.I.N. (Business Claimants)

[ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

Other names by which claiming party has been known (such as maiden name or married name):

[ ] [ ]

First

[ ]

MI

[ ] [ ]

Last

[ ] [ ]

First

[ ]

MI

[ ] [ ]

Last

GENDER: ☐ MALE ☐ FEMALE

Mailing Address:

707 THIRD STREET 6TH FLOOR

Street Address

WEST SACRAMENTO

City

CA

State

95605

Zip Code

(Province) (Postal Code)

USA

Country

**PART 2: ATTORNEY INFORMATION**

The claiming party's attorney, if any (You do not need an attorney to file this form):

Law Firm Name:

STATE OF CALIFORNIA DEPT OF JUSTICE

Name of Attorney:

ROBERT E ASPERGER

First

E

MI

ASPERGER

Last

Mailing Address:

1300 I STREET SUITE 1101

Street Address

SACRAMENTO

City

CA

State

95814

Zip Code

(Province) (Postal Code)

Telephone:

(916) 327-7852

Area Code

WR Grace PD.10.40.1976

00010556

SR#644

REC'D MAR 31 2003

9276101

1011580

**PART 4: ASBESTOS LITIGATION AND CLAIMS****A. INTRODUCTION**

1. Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?

☒ No

☐ Yes - lawsuit

☐ Yes - non-lawsuit claim (other than a workers' compensation claim)

2. Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?

☒ No

☐ Yes - lawsuit

☐ Yes - non-lawsuit claim (other than a workers' compensation claim)

*If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.*

*If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.*

**B. LAWSUITS**

1. Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.

a. Caption

b. Court where suit originally filed:

County/State

Docket No.:

c. Date filed:

 -  - 

Month Day Year

a. Caption

b. Court where suit originally filed:

County/State

Docket No.:

c. Date filed:

 -  - 

Month Day Year

a. Caption

b. Court where suit originally filed:

County/State

Docket No.:

c. Date filed:

 -  - 

Month Day Year

(Attach additional pages if necessary.)

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1011580

**WR Grace**

SR00000644

Property Damage

Index Sheet

Claim Number: 00010657

Receive Date: 03/31/2003

**Multiple Claim Reference**

Claim Number	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended

Claim Number	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended

**Attorney Information**

Firm Number: 00363 Firm Name: State of California Dept of Justice

Attorney Number: 00242 Attorney Name: Robert E Asperger

Zip Code: 95814

Cover Letter Location Number: SR00000644

**Attachments  
Medical Monitoring**

- ☐ TBD  
☐ TBD  
☐ TBD  
☐ TBD  
☐ TBD

**Attachments  
Property Damage**

- ☐ TBD  
☐ TBD  
☐ TBD  
☐ TBD  
☐ TBD  
☒ Other Attachments

**Non-Asbestos**

- ☐ Other Attachments

**Other**

- ☐ Non-Standard Form  
☐ Amended  
☐ Post-Deadline Postmark Date

**PART 1: CLAIMING PARTY INFORMATION.**

NAME:

STATE OF CALIFORNIA DEPT OF GENERAL SERVICES

Name of individual claimant (first, middle and last name) or business claimant

SOCIAL SECURITY NUMBER (Individual Claimants):

F.E.I.N. (Business Claimants)

[ ] [ ] [ ] [ ]

[ ] - [ ] [ ] [ ] [ ] [ ] [ ]

(last four digits of SSN)

Other names by which claiming party has been known (such as maiden name or married name):

[ ] [ ]

First

[ ]

MI

[ ] [ ]

Last

[ ] [ ]

First

[ ]

MI

[ ] [ ]

Last

GENDER: ☐ MALE ☐ FEMALE

Mailing Address:

707 THIRD STREET, 6TH FLOOR

Street Address

WEST SACRAMENTO

City

CA

State

95605

Zip Code

USA

Country

(Province) (Postal Code)

**PART 2: ATTORNEY INFORMATION**

The claiming party's attorney, if any (You do not need an attorney to file this form):

Law Firm Name:

STATE OF CALIFORNIA DEPT OF JUSTICE

Name of Attorney:

ROBERT E ASPERGER

First

[ ]

MI

Last

Mailing Address:

1300 I STREET, SUITE 1101

Street Address

SACRAMENTO

City

CA

State

95814

Zip Code

(Province) (Postal Code)

Telephone:

(916) 327-7852

Area Code

WR Grace PD.10.40.1977  
SR-644 00010657

9276101

REC'D MAR 31 2003 1011584



**PART 4: ASBESTOS LITIGATION AND CLAIMS****A. INTRODUCTION**

1. Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?

- ☒ No  
☐ Yes – lawsuit  
☐ Yes – non-lawsuit claim (other than a workers' compensation claim)

2. Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?

- ☐ No  
☐ Yes – lawsuit  
☒ Yes – non-lawsuit claim (other than a workers' compensation claim)

*If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.*

*If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.*

**B. LAWSUITS**

1. Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.

- a. Caption
- b. Court where suit originally filed:  Docket No.:   
County/State
- c. Date filed:  -  -   
Month Day Year

- a. Caption
- b. Court where suit originally filed:  Docket No.:   
County/State
- c. Date filed:  -  -   
Month Day Year

- a. Caption
- b. Court where suit originally filed:  Docket No.:   
County/State
- c. Date filed:  -  -   
Month Day Year

(Attach additional pages if necessary.)

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**WR Grace**

SR00000644

Property Damage

Index Sheet

Claim Number: 00010658

Receive Date: 03/31/2003

**Multiple Claim Reference**

Claim Number \_\_\_\_\_ ☐ MMPOC Medical Monitoring Claim Form  
☐ PDPOC Property Damage  
☐ NAPO Non-Asbestos Claim Form  
☐ Amended

Claim Number \_\_\_\_\_ ☐ MMPOC Medical Monitoring Claim Form  
☐ PDPOC Property Damage  
☐ NAPO Non-Asbestos Claim Form  
☐ Amended

**Attorney Information**

Firm Number: 00363

Firm Name: State of California Dept of Justice

Attorney Number: 00242

Attorney Name: Robert E Asperger

Zip Code: 95814

Cover Letter Location Number: SR00000644

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form	
	<input type="checkbox"/> Amended	
	<input type="checkbox"/> Post-Deadline Postmark Date	



1. Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?

2. Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?

- If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.*

*If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.*

1. Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.

- a. Caption
- b. Court where suit originally filed:  Docket No.:   
*County/State*
- c. Date filed:  -  -   
*Month Day Year*

1011575

**WR Grace**

SR00000644

**Property Damage****Index Sheet**

Claim Number: 00010659

Receive Date: 03/31/2003

**Multiple Claim Reference**

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form
- ☐ PDPOC Property Damage
- ☐ NAPO Non-Asbestos Claim Form
- ☐ Amended

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form
- ☐ PDPOC Property Damage
- ☐ NAPO Non-Asbestos Claim Form
- ☐ Amended

**Attorney Information**

Firm Number: 00363

Firm Name: State of California Dept of Justice

Attorney Number: 00242

Attorney Name: Robert E Asperger

Zip Code: 95814

Cover Letter Location Number: SR00000644

**Attachments  
Medical Monitoring**

- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD

**Attachments  
Property Damage**

- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☒ Other Attachments

**Non-Asbestos**

- ☐ Other Attachments

**Other**

- ☐ Non-Standard Form
- ☐ Amended
- ☐ Post-Deadline Postmark Date

STATE OF CALIFORNIA DEPT OF GENERAL SERVICES

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(Province) (Postal Code)

## PART 2: ATTORNEY INFORMATION

[illegible][illegible]

MI

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(Province) (Postal Code)

(916) 327-7852

WR Grace PD 10 40 1970

PD 1040 1970

00010659

SR-644

9276101

REC'D MAR 3 1 2003

1011573.

**PART 4: ASBESTOS LITIGATION AND CLAIMS****A. INTRODUCTION**

1. Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?

☒ No  
☐ Yes – lawsuit  
☐ Yes – non-lawsuit claim (other than a workers' compensation claim)

2. Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?

☐ No  
☐ Yes – lawsuit  
☒ Yes – non-lawsuit claim (other than a workers' compensation claim)

*If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.*

*If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.*

**B. LAWSUITS**

1. Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.

a. Caption

b. Court where suit originally filed:  Docket No.:   
County/State

c. Date filed:  -  -   
Month Day Year

a. Caption

b. Court where suit originally filed:  Docket No.:   
County/State

c. Date filed:  -  -   
Month Day Year

a. Caption

b. Court where suit originally filed:  Docket No.:   
County/State

c. Date filed:  -  -   
Month Day Year

(Attach additional pages if necessary.)



**WR Grace**  
Property Damage  
Index Sheet

SR00000644

Claim Number: 00010660

Receive Date: 03/31/2003

**Multiple Claim Reference**

Claim Number _____	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended
Claim Number _____	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended

**Attorney Information**

Firm Number: 00363 Firm Name: State of California Dept of Justice

Attorney Number: 00242 Attorney Name: Robert E Asperger

Zip Code: 95814

Cover Letter Location Number: SR00000644

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form <input type="checkbox"/> Amended <input type="checkbox"/> Post-Deadline Postmark Date	

Box/Batch: WRPD0010/WRPD0040

Document Number: WRPD001980



1011579.



**WR Grace**

SR00000644

Property Damage

Index Sheet

Claim Number: 00010661

Receive Date: 03/31/2003

**Multiple Claim Reference**

Claim Number _____	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended
Claim Number _____	<input type="checkbox"/> MMPOC	Medical Monitoring Claim Form
	<input type="checkbox"/> PDPOC	Property Damage
	<input type="checkbox"/> NAPO	Non-Asbestos Claim Form
	<input type="checkbox"/>	Amended

**Attorney Information**

Firm Number: 00363 Firm Name: State of California Dept of Justice

Attorney Number: 00242 Attorney Name: Robert E Asperger

Zip Code: 95814

Cover Letter Location Number: SR00000644

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
<b>Other</b>	<input type="checkbox"/> Non-Standard Form	
	<input type="checkbox"/> Amended	
	<input type="checkbox"/> Post-Deadline Postmark Date	

STATE OF CALIFORNIA DEPT OF GENERAL SERVICES

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WEST SACRAMENTO

CA

**State**

9	5	6	0	5
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**Zip Code**

(Province) (Postal Code)

[illegible]

## PART 2: ATTORNEY INFORMATION

STATE OF CALIFORNIA DEPT OF JUSTICE

[illegible]

MI

[illegible]

1300	I STREET,	SUITE 1101
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[illegible]

CA

State

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*Zip Code*

(Province) (Postal Code)

$$(916) \ 327 - 7852$$

WR Grace

PD.10.40.198-

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00010661

REC'D MAR 3 1 2003 1011591

## A. INTRODUCTION

- If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.*

### B. LAWSUITS

- 1011591

**WR Grace**

SR00000644

Property Damage

Index Sheet

Claim Number: 00010662

Receive Date: 03/31/2003

**Multiple Claim Reference**

Claim Number \_\_\_\_\_

☐ MMPOC Medical Monitoring Claim Form☐ PDPOC Property Damage☐ NAPO Non-Asbestos Claim Form☐ Amended

Claim Number \_\_\_\_\_

☐ MMPOC Medical Monitoring Claim Form☐ PDPOC Property Damage☐ NAPO Non-Asbestos Claim Form☐ Amended**Attorney Information**

Firm Number: 00363

Firm Name: State of California Dept of Justice

Attorney Number: 00242

Attorney Name: Robert E Asperger

Zip Code: 95814

Cover Letter Location Number: SR00000644

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input checked="" type="checkbox"/> Other Attachments	
<b>Other</b>	<input type="checkbox"/> Non-Standard Form	
	<input type="checkbox"/> Amended	
	<input type="checkbox"/> Post-Deadline Postmark Date	

**PART 1: CLAIMING PARTY INFORMATION**

STATE OF CALIFORNIA DEPT OF GENERAL SERVICES
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NAME				ADDRESS		CITY		STATE		ZIP		COUNTRY	

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WEST SACRAMENTO

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[illegible]

(Province)

(Postal Code)

## PART 2: ATTORNEY INFORMATION

[illegible]

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$$(916) \ 327 - 7852$$

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REC'D MAR 3 1 2003

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**PART 4: ASBESTOS LITIGATION AND CLAIMS****A. INTRODUCTION**

1. Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?

- ☒ No  
☐ Yes - lawsuit  
☐ Yes - non-lawsuit claim (other than a workers' compensation claim)

2. Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?

- ☒ No  
☐ Yes - lawsuit  
☐ Yes - non-lawsuit claim (other than a workers' compensation claim)

*If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.*

*If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.*

**B. LAWSUITS**

1. Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed.

- a. Caption
- b. Court where suit originally filed:  Docket No.:   
County/State
- c. Date filed:  -  -   
Month Day Year
- 
- a. Caption
- b. Court where suit originally filed:  Docket No.:   
County/State
- c. Date filed:  -  -   
Month Day Year
- 
- a. Caption
- b. Court where suit originally filed:  Docket No.:   
County/State
- c. Date filed:  -  -   
Month Day Year

(Attach additional pages if necessary.)



**WR Grace**

SR00000731

Property Damage

Index Sheet

Claim Number: 00014411

Receive Date: 03/31/2003

**Multiple Claim Reference**

Claim Number \_\_\_\_\_

☐ MMPOC Medical Monitoring Claim Form☐ PDPOC Property Damage☐ NAPO Non-Asbestos Claim Form☐ Amended

Claim Number \_\_\_\_\_

☐ MMPOC Medical Monitoring Claim Form☐ PDPOC Property Damage☐ NAPO Non-Asbestos Claim Form☐ Amended**Attorney Information**

Firm Number: 00363

Firm Name: State of California Dept of Justice

Attorney Number: 00242

Attorney Name: Robert E Asperger

Zip Code: 95814

Cover Letter Location Number: SR00000731

**Attachments  
Medical Monitoring**☐ TBD☐ TBD☐ TBD☐ TBD☐ TBD**Attachments  
Property Damage**☐ TBD☐ TBD☐ TBD☐ TBD☐ TBD☒ Other Attachments**Non-Asbestos**☐ Other Attachments**Other**☐ Non-Standard Form☐ Amended☐ Post-Deadline Postmark Date

**PART 1: CLAIMING PARTY INFORMATION**

NAME:

STATE OF CALIFORNIA DEPT OF GENERAL SERVICES

Name of individual claimant (first, middle and last name) or business claimant

SOCIAL SECURITY NUMBER (Individual Claimants):

[ ] [ ] [ ] [ ]

(last four digits of SSN)

F.E.I.N. (Business Claimants)

[ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

Other names by which claiming party has been known (such as maiden name or married name):

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

First

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Last

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First

[ ]

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[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Last

GENDER: ☐ MALE ☐ FEMALE

Mailing Address:

707 THIRD STREET, 6TH FLOOR

Street Address

WEST SACRAMENTO

City

CA

State

95605

Zip Code

(Province) (Postal Code)

USA

Country

**PART 2: ATTORNEY INFORMATION**

The claiming party's attorney, if any (You do not need an attorney to file this form):

Law Firm Name:

STATE OF CALIFORNIA DEPT OF JUSTICE

Name of Attorney:

ROBERT E ASPERGER

First

MI

Last

Mailing Address:

1300 I STREET, SUITE 1101

Street Address

SACRAMENTO

City

CA

State

95814

Zip Code

(Province) (Postal Code)

Telephone:

(916) 327-7852

Area Code

WR Grace PD 21.83.4117

00014411

SR-731

9276101

REC'D MAR 31 2003

1011586



**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

	)	
	)	Chapter 11
	)	Case No. 01-01139 (JKF)
In re: W.R. GRACE & CO., et al.,	)	(Jointly Administered)
	)	
Debtors.	)	
	)	
	)	

---

**NOTICE OF SERVICE**

PLEASE TAKE NOTICE that on March 19, 2007, counsel for Claimant State of California, Department of General Services caused copies of *Claimant State of California, Department of General Services, Opposition to Debtors' Motion for an Order Pursuant to F.R.B.P. 7056 Disallowing and Expunging Claimant's Sixteen (16) Claims Among One Hundred Nine (109) California Asbestos Property Claims Allegedly Barred by the Statute of Limitations and Declaration of Claimant's Counsel Steven J. Mandelsberg in Opposition to Debtor's Motion* to be served on the following in the manner indicated:

Katherine Phillips, Esq.  
Janet S. Baer, Esq.  
Kirkland & Ellis LLP  
200 East Randolph Drive  
Chicago, Illinois 60601  
Co-Counsel for the Debtors  
*Via E-mail and First Class Mail*

Douglas E. Cameron, Esq.  
Traci S. Rea, Esq.  
Reed Smith LLP  
435 Sixth Avenue  
Pittsburgh, PA 15219  
Co-Counsel for Debtors  
*Via E-mail and First Class Mail*

David Carickhoff, Jr., Esq.  
Laura Davis Jones, Esq.  
Pachulski, Stang, Ziehl, Young, Jones &  
Weintraub P.C.  
919 North Market Street, 16th Floor  
Wilmington, Delaware 19899-8705  
Co-Counsel for the Debtors  
*Via E-mail and First Class Mail*

Scott Baena, Esq.  
Jay M. Sakalo, Esq.  
Bilzin Sumberg Baena Price & Axelrod LLP  
200 S. Biscayne Blvd., Ste. 2500  
Miami, Florida 33131-5340  
Counsel for PD Committee  
*Via E-mail and First Class Mail*

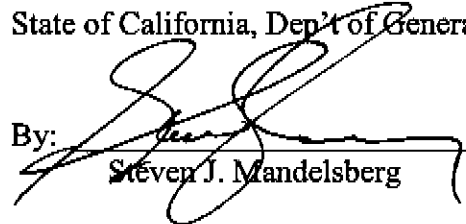
Dated: March 19, 2007

**HAHN & HESSEN LLP**

Counsel for Claimant

State of California, Dep't of General Services

By:

A handwritten signature in black ink, appearing to read "Steven J. Mandelsberg", is written over a horizontal line.

Steven J. Mandelsberg

488 Madison Avenue

New York, New York 10022

(212) 478-7200

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

	)	
	)	Chapter 11
	)	Case No. 01-01139 (JKF)
In re: W.R. GRACE & CO., et al.,	)	(Jointly Administered)
	)	
Debtors.	)	
	)	
	)	

---

**CERTIFICATE OF SERVICE**

I, Alison M. Croessmann, certify that on March 19, 2007, I caused copies of *Claimant State of California, Department of General Services, Opposition to Debtors' Motion for an Order Pursuant to F.R.B.P. 7056 Disallowing and Expunging Claimant's Sixteen (16) Claims Among One Hundred Nine (109) California Asbestos Property Claims Allegedly Barred by the Statute of Limitations and Declaration of Claimant's Counsel Steven J. Mandelsberg in Opposition to Debtor's Motion* to be served on the following in the manner indicated:

Katherine Phillips, Esq.  
Janet S. Baer, Esq.  
Kirkland & Ellis LLP  
200 East Randolph Drive  
Chicago, Illinois 60601  
Co-Counsel for the Debtors  
*Via E-mail and First Class Mail*

Douglas E. Cameron, Esq.  
Traci S. Rea, Esq.  
Reed Smith LLP  
435 Sixth Avenue  
Pittsburgh, PA 15219  
Co-Counsel for Debtors  
*Via E-mail and First Class Mail*

David Carickhoff, Jr., Esq.  
Laura Davis Jones, Esq.  
Pachulski, Stang, Ziehl, Young, Jones &  
Weintraub P.C.  
919 North Market Street, 16th Floor  
Wilmington, Delaware 19899-8705  
Co-Counsel for the Debtors  
*Via E-mail and First Class Mail*

Scott Baena, Esq.  
Jay M. Sakalo, Esq.  
Bilzin Sumberg Baena Price & Axelrod LLP  
200 S. Biscayne Blvd., Ste. 2500  
Miami, Florida 33131-5340  
Counsel for PD Committee  
*Via E-mail and First Class Mail*

  
Alison M. Croessmann